

STUDENT TRAINING RECORDS REQUESTED BY CHIEF

DATE _____

NAME OF FIRE COMPANY _____

ADDRESS _____

PHONE NO. _____

NAME OF FIRE CHIEF _____

CHIEF'S EMAIL ADDRESS _____

PLEASE CHECK ONE BLOCK:

- ☐ Request training records for all members of the above Fire Company.
- ☐ Request training record(s) for the member(s) listed below: (5 or more students, records will be put on CD & mailed)

TRAINING RECORDS WILL NOT BE FAXED

STUDENT NAME	LAST 4 DIGITS OF SSN

I understand the student training records are for my information only and cannot be disclosed to third parties.

Signature _____

MUST BE SIGNED BY THE FIRE CHIEF

FOR OFFICE USE ONLY

<p>DATE REQUEST RECEIVED:</p> <p>Approved: _____</p> <p>Director</p>	<p>DATE RECORDS RELEASED _____</p> <p>RELEASED BY _____</p> <p>FORWARDED BY: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL</p> <p> <input type="checkbox"/> IN PERSON</p>
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